

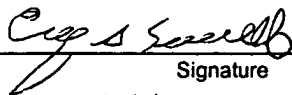
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3-28-02

Attorney Docket No.: 1998P82218 US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

John Hossack, et al.

Serial No.: 09/369,510

Filing Date: August 6, 1999

For: MEDICAL DIAGNOSTIC ULTRASONIC
IMAGING METHOD AND SYSTEM FOR
DISPLAYING MULTI-PHASE, MULTI-
FRAME IMAGES

Examiner: M. Choobin

Group Art Unit No.: 2621

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REQUEST FOR CORRECTION OF FILING RECEIPT

Commissioner for Patents
Washington, D.C. 20231

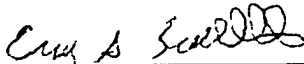
Attention: Application Processing Division
Customer Correction Branch

Sir:

Applicants request the issuance of a corrected filing receipt (copy enclosed) for the above-referenced patent application, and in support of this request respectfully requests that the Attorney Docket Number be changed from 5050/584-1 to: 1998P82218 US01.

The Commissioner is hereby authorized to charge any fees required to Deposit
Account No. 23-1925.

Respectfully submitted,



Craig A. Summerfield
Registration No. 37,947
Attorney for Applicants

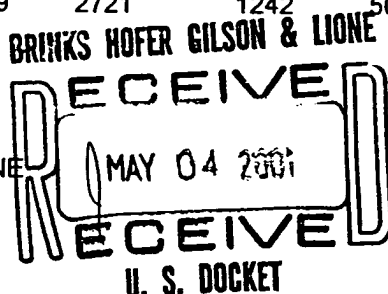
BRINKS HOFER GILSON & LIONE
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/369,510	08/06/1999	2721	1242	5050/584	5	16	4

 WILLIAM A WEBB
 BRINKS HOFER GILSON & LIONE
 P O BOX 10395
 CHICAGO, IL 60610

 CONFIRMATION NO. 6883
 CORRECTED FILING RECEIPT


Date Mailed: 04/30/2001

Receipt is acknowledged of a CPA in this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)
 JOHN A HOSSACK, PALO ALTO, CA;
 LINYONG PANG, STANFORD, CA;
 THILAKA SUMANAWEEA, SAN JOSE, CA;
RECEIVED**MAR 28 2002****Domestic Priority data as claimed by applicant**

THIS APPLN CLAIMS BENEFIT OF 60/114,194 12/30/1998

Technology Center 2600**Foreign Applications**

If Required, Foreign Filing License Granted 08/30/1999

CPA filed on: 12/19/2000

Projected Publication Date: 08/09/2001

Non-Publication Request: No

Early Publication Request: No

Title

MEDICAL DIAGNOSTIC ULTRASONIC IMAGING METHOD AND SYSTEM FOR
DISPLAYING MULTI-PHASE, MULTI-FRAME IMAGES

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Preliminary Class

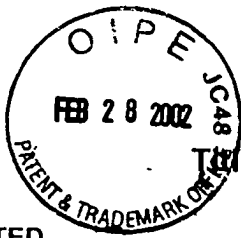
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Data entry by : RIMANDO, EMELITA

Team : OIPE

Date: 04/30/2001

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Bib Data Sheet

CONFIRMATION NO. 6883 *#20*

SERIAL NUMBER 09/369,510	FILING DATE 08/06/1999 RULE	CLASS XXX	GROUP ART UNIT 2621	ATTORNEY DOCKET NO. 1998P82218 US01	
APPLICANTS JOHN A HOSSACK, PALO ALTO, CA; LINYONG PANG, STANFORD, CA; THILAKA SUMANAWEEERA, SAN JOSE, CA;					
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/114,194 12/30/1998					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/30/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
ADDRESS 757					
TITLE MEDICAL DIAGNOSTIC ULTRASONIC IMAGING METHOD AND SYSTEM FOR DISPLAYING MULTI-PHASE, MULTI-FRAME IMAGES					
FILING FEE RECEIVED 1242	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		